## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandra, Virginia 22313-1450

				(571)-273-2885			
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence including the below or directed of tions.	for transmitting the IS ng the Patent, advance herwise in Block 1, by	SUE FEE and PUBLIC orders and notification (a) specifying a new co	ATION FEE (if requored fees or espondence address	uired). B will be a s; and/or	Blocks 1 through 5 mailed to the current (b) indicating a sep	should be completed wher t correspondence address a parate "FEE ADDRESS" for
	ENCE ADDRESS (Note: Use B	lock 1 for any change of address	s)	Note: A certificate of	mailing	can only be used for	or domestic mailings of the
45735	7590 02/19		Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.				
	7590 02/19 OWERS LLP (SM	Certificate of Mailing or Transmission				smission	
100 NORTH BE 17TH FLOOR	ROADWAY		I hereby certify that this Fee(s) Transmittal is being stated result service with sufficient pastage for first addressed at the Mail Stop 1881/F. ISBN addresses transmitted to the USPTO (571) 273-2885, on the distribution			rot y la symmething you providence	
ST. LOUIS, MC	63102		Melody M. M			(Depositor's name)	
				T/ Cody	YY	7. <i>TYJ</i> ar	(Signature)
				March 3, Cx	010	<del></del> -	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR ATTORNEY DO		RNEY DOCKET NO.	CONFIRMATION NO.
10/568,516 09/11/2006			Daniel M. Giaquinta HNDA 2023.2 1180			1180	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	05/19/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			<b>4101</b> 0	03/17/2010
POLYANSKY, ALEXANDER 1793			502-330000				
1. Change of corresponde	ence address or indication	2. For printing on the patent front page, list					
CFR 1.363).  Change of corresp Address form PTO/SE	ondence address (or Cha	(1) the names of up to 3 registered patent attorneys 1 Senniger Powers LLP or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print o	type)			
PLEASE NOTE: Unl recordation as set fort	ess an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assigne pletion of this form is No	e data will appear on the OT a substitute for filing	e patent. If an assigr an assignment.	nee is id	entified below, the d	locument has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the docume recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
1) Symyx So	lutions, Inc		1) Sunny	vale, Cali	forn	ia	
2) Honda Giken Kogyo Kabushiki Kaisha 2) Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🖵 Gove							
Please check the appropr	iate assignee category or	categories (will not be	printed on the patent):	☐ Individual ☐ C	orporation	on or other private gr	oup entity Government
4a. The following fee(s)	are submitted:		4b. Payment of Fee(s): (		ny previ	iously paid issue fee	shown above)
Issue Fee	o small entity discount p	☐ A check is enclosed.  ☐ Payment by credit card. FormoPFF0x303ftxisxatteshest.					
Advance Order -		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
5 Change in Entity Stat	tus (from status indicate	d above)	overpayment, to D	eposit Account Numb	er	(enclose a	in extra copy of this form).
a. Applicant claim:	s SMALL ENTITY statu	is. See 37 CFR 1.27.		longer claiming SMA			
NOTE: The Issue Fee and interest as shown by the i	d Publication Fee (if requeecords of the United Sta	uired) will not be accept tes Patent and Tradema	ted from anyone other the	an the applicant; a reg	istered a	ttorney or agent; or t	he assignee or other party in
Authorized Signature fault Surf				Date 3/1	Lever	410	
Typed or printed name	e Paul I. J.	Fleischut		Registration N	Yo	35,513	
This collection of inform an application. Confident submitting the completed	ation is required by 37 C tiality is governed by 35 I application form to the	FR 1.311. The informat U.S.C. 122 and 37 CFI USPTO. Time will va	tion is required to obtain R 1.14. This collection is ry depending upon the in	or retain a benefit by estimated to take 12 dividual case. Any co	the publi minutes omments	to complete, including on the amount of ti	d by the USPTO to process, and gathering, preparing, and me you require to complete

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.